

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
OLYMPIA, WASHINGTON**

To: Pharmacists
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No.: 01-57 MAA
Issued: August 28, 2001

From: James Wilson, Assistant Secretary
Medical Assistance Administration

For Information Call:
1-800-562-6188

Subject: Maximum Allowable Cost Updates

The purpose of this memorandum is to provide reimbursement updates to the Medical Assistance Administration's (MAA) Maximum Allowable Cost (MAC) Prescription Drug Program.

Maximum Allowable Cost (MAC) Updates
(Effective for claims with dates of service on or after October 1, 2001)

MAC			
Drug Name	Strength	Form	Per unit

The following drugs are being ADDED to the MAC list:

FAMOTIDINE	20 MG	TABLET	0.18000
FAMOTIDINE	40 MG	TABLET	0.35000

The following drugs received a RATE CHANGE:

RANITIDINE	150 MG	CAPSULE	0.43000
RANITIDINE	300 MG	CAPSULE	0.74000

Note: The unit cost relates to the form in which the drug is distributed (e.g., per tablet or capsule, milliliter, gram, packet, or vial). The reimbursement rate listed for each drug entity applies to brand name products as well as generic products. Pharmacists who dispense the brand name product without prior authorization (based on medical necessity) will receive the MAC reimbursement.



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